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**APPLICANTS**

JEROME D JOHNSON, NORTH MANKATO, MN;  
 DAVID R. LUNDBERG, MANKATO, MN;  
 DALE A. MEHR, MANKATO, MN;

\*\* CONTINUING DATA \*\*\*\*\* *none* *Qu*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 11/28/1997

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 9	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature <i>Al</i> Initials				

**ADDRESS**

Richard J Gregson  
 Shumaker & Sieffert P A  
 8425 Seasons Parkway  
 Suite 105  
 St Paul ,MN 55125

**TITLE**

INVENTORY SALES SYSTEM AND METHOD

<b>FILING FEE RECEIVED</b> 464	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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